



Alabama Behavior Analyst Licensing Board Licensure Verification

v. February 11, 2020

SECTION I: Licensure Applicant

1. Complete Section I, sign, and date.
2. Send completed form to the state in which you now hold or have ever held a license to practice as a behavior analyst or assistant behavior analyst. A separate form must be completed for each state in which you hold or have held a license as an assistant behavior analyst or behavior analyst.

Applicant Name (Last, First, Middle)

Date of Birth

Name on Licensure Records, if different than above

Address (Street, City, State, Zip)

License Number

Date License Issued

I hereby authorize the _____ (state) licensing board to release all information in my file, favorable or otherwise, directly to the Alabama Behavior Analyst Licensing Board.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR STATE LICENSING BOARD ONLY

SECTION II: State Licensing Board

1. Please verify our applicant's licensure status and disciplinary history.
2. Mail the completed form or equivalent letter directly to **AL Behavior Analyst Licensing Board, P.O. Box 519, Jacksonville, AL 36265** or email to **balicense.dmh@mh.alabama.gov**.

Type of License

License Number

Date License Issued

- Has the licensee ever been investigated by your Board?
- Has the licensee incurred any disciplinary proceedings in your state or is any action pending?
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, or revoked?
- Do you know of any information that may discredit this applicant?

☐ No ☐ Yes*
☐ No ☐ Yes*
☐ No ☐ Yes*
☐ No ☐ Yes*

*If you answered "Yes" to any of these questions, please provide a written explanation below and attach a copy of all supporting documentation (e.g., Board order, complaint).

Verification completed by:

Full Name and State of Licensing Board

Print Name, Title

Date

Signature

Please affix Board seal here, if applicable: